

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)		09758793		4/12/01		
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	i					51						
2		1				52						
3		1				53						
4		1				54						
5		1				55						
6		1				56						
7		1				57						
8		1				58						
9		1				59						
10		1				60						
11		1				61						
12		1				62						
13		1				63						
14		1				64						
15		1				65						
16		1				66						
17		1				67						
18		1				68						
19		1				69						
20		1				70						
21		1				71						
22		1				72						
23		1				73						
24		1				74						
25		1				75						
26		1				76						
27		1				77						
28		1				78						
29		1				79						
30		1				80						
31	i					81						
32	1					82						
33	i					83						
34	1					84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	4					TOTAL IND.						
TOTAL DEP.	30	↓	↓	↓		TOTAL DEP.	↓	↓	↓			
TOTAL CLAIMS	34					TOTAL CLAIMS						